A team review and meta-analysis of therapeutic interventions designed to reduce (1) non-suicidal self-harm and (2) suicide attempts among adolescents found that, when the interventions were analyzed as a group, they were effective at reducing non-suicidal self-harm but not suicide attempts. When each type of intervention (i.e., those targeting self-harm and those targeting attempts) were analyzed individually, neither demonstrated a statistically significant effect over treatment as usual. The authors reported that although the results of the pooled analysis (i.e. a reduction in non-suicidal self-harm) was encouraging, it also “underscores the gaps in knowledge regarding optimal treatment strategies for reducing the risk of suicide attempts.”

The authors suggested that the relatively low frequency of suicide attempts (as compared to non-suicidal self-injury) may have contributed to the inability of evaluations to demonstrate a statistically significant effect on reducing attempts. They also speculated that the results may indicate that strategies that effectively reduce non-suicidal self-harm are not effective at preventing suicide attempts and that strategies specifically designed to prevent suicide attempts among adolescents need to be developed and evaluated.

The therapies “with the largest effect sizes were dialectical behavioral therapy (DBT), cognitive-behavioral therapy (CBT), and mentalization-based therapy (MBT).” However, the authors concluded that “we did not find sufficient evidence to recommend any specific intervention to reduce self-harm.” They suggested that “independent replication of the results achieved by DBT, MBT, and CBT is now urgently required.”

The analysis included psychological and social interventions. It did not include pharmacological treatment.